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7590 05/06/2005

Edward D. Manzo  
Cook, Alex, McFarron, Manzo,  
Cummings & Mehler, Ltd.  
200 West Adams St., Ste. 2850  
Chicago, IL 60606

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Cristine M. Noll

(Depositor's name)

*Cristine M. Noll*

(Signature)

August 5, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,803	08/18/2003	Shunpei Yamazaki	0553-0184.01	3705 08/09/2005 HWDONG2 00000009 10642803

TITLE OF INVENTION: SEMICONDUCTOR DEVICE WITH CAPACITOR FORMED AROUND CONTACT HOLE

01 EC:1504	300.00 OP
02 FC:1501	1400.00 OP
03 FC:8001	30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/08/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SCHECHTER, ANDREW M		2871	349-043000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cook, Alex, McFarron,  
Manzo, Cummings & Mehler,  
 2 \_\_\_\_\_ Ltd.  
 3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Semiconductor Energy  
Laboratory Co., Ltd.

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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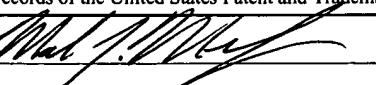
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50/1039 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date August 5, 2005

Typed or printed name Mark J. Murphy

Registration No. 34,225

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